

Name \_\_\_\_\_

SSN: \_\_\_\_\_

**EMPLOYEE RESPONSIBILITY FOR INSURANCE**

Figure 4.1-B1

1. While off work in a non-pay status, employees **may** continue their health, dental and life benefits by self-paying their monthly premium. It is the employee's responsibility to pay both the employee and the City portions of the insurance premium for each plan in which he/she is enrolled. Life, health and dental insurance is a package and **ALL PREMIUMS MUST BE PAID TO MAINTAIN COVERAGE.**

Employees on Family Medical Leave or in a Workers' Compensation non-pay status of **MC** or **SC** must pay only the employee portion of their insurance premium (if any) in order to maintain coverage while they are in this status. (Refer to **Figure 4.1-C** for the appropriate amount.)

2. One personal check or money order for all insurance premiums should be made payable to the **CITY OF LONG BEACH (CASH IS NOT ACCEPTABLE)** and mailed to **Human Resources/Employee Benefits NO LATER THAN THE TWENTIETH (20th) OF THE MONTH PRIOR TO THE COVERAGE MONTH.** (Refer to Figure 4.1-C for premium amounts).
3. If payment is not received within 30 days from the first of the coverage month, the employee's insurance coverage will be suspended until he/she returns to work in a paid status. The coverage will not start until the first of the month following the month in which the premium is deducted from the employee's paycheck.
4. If paying in advance for more than one month, please send a **separate** check or money order for each month.

PLAN	PREMIUM
<b>HEALTH INSURANCE</b>	
Great-West Life (Plan_____)	\$ _____
PacifiCare HMO	\$ _____
<b>LIFE INSURANCE</b> (Great-West Life)	\$ _____
<b>DENTAL INSURANCE</b>	
Delta Dental Plan	\$ _____
PacifiCare Dental Plan	\$ _____
<b>LONG TERM CARE</b>	
Employee cost	\$ _____
Spouses cost	\$ _____
<b>IN-HOSPITAL INDEMNITY INSURANCE</b> (Optional) (EIH, PIH, MIH)	\$ _____
<b>TOTAL PREMIUM DUE</b>	\$ _____

Self-pay effective date beginning with the month of \_\_\_\_\_, all checks or money orders must be mailed no later than the twentieth (20th) of each month prior to the month of coverage to:

CITY OF LONG BEACH  
Human Resources/Employee Benefits  
333 West Ocean Blvd., Thirteenth Floor  
Long Beach, CA 90802

Figure 4.1-B1  
Employee Responsibility For Insurance Coverage